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 <p style="text-align: center;">15M1/0221 3M OFFICE OF INTELLECTUAL PROP. COUNSEL P.O. BOX 33427 ST. PAUL, MN 55133-3427</p>		INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT
08/086,820	07/02/93	029	BENSTON JR, W
First Named Applicant		1502 02/21/95	
PUREWAL,		TARLOCHAN S.	

TITLE OF INVENTION MEDICINAL AEROSOL FORMULATIONS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 43853USA1D	424-045.000	J05	UTILITY	NO	\$1210.00	05/22/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Douglas E. Reedich 3M Office of Intellectual Property Counsel P.O. Box 33427 St. Paul, MN 55133-3427	1 Gary L. Griswold 2 Walter N. Kirn 3 Douglas E. Reedich

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040 AW 05/30/95 08086820	1 142 1,210.00 CK
5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
1 561 30.00 CK	

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <i>Douglas E. Reedich</i> (Date) 15 May 1995 Douglas E. Reedich, Reg. No. 33,999	NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.
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